



The Commonwealth of Massachusetts  
Department of Public Health  
Division of Health Professions Licensure

**Board of Registration in Pharmacy**  
239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor  
Boston, MA 02114  
<http://www.mass.gov/reg/boards/ph>  
(800) 414-0168 (office) / 617-973-0983 (fax)

*Please check the appropriate box for change(s)*

**NAME CHANGE**

☐

**ADDRESS CHANGE**

☐

**DUPLICATE LICENSE**

☐

All requests should be mailed to the address listed above and directed to the Board of your profession.

Print/type clearly the information as it  
is **NOW SHOWN** on your license:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Board: \_\_\_\_\_ Lic. Type: \_\_\_\_\_

Lic. No: \_\_\_\_\_

U.S. SS # (Mandatory): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print/type clearly the information as you  
wish it to appear on your **NEW** license.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For office use only

Fee: \_\_\_\_\_

Date Received: \_\_\_\_\_

Initial: \_\_\_\_\_

1. For name change or duplicate license, you **MUST** return your current license with this form. If your current license has been lost or stolen, please check here ☐
2. For address changes only, **DO NOT** return your current license. All addresses are subject to disclosure upon request, G.L.c4,s7.

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

**FEE (S)**

- |                                 |         |
|---------------------------------|---------|
| 1. Duplicate license            | \$17.00 |
| 2. Duplicate Wall Certificate   | \$27.00 |
| 3. Name change with new license | \$27.00 |
| 4. Address changes (only)       | No Fee  |

Make check or money order payable to the  
"Commonwealth of Mass."

PLEASE DO **NOT** SEND CASH

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date